

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

ANGEL RODRIGUEZ **14 CV 10269**
PAUL GREENWALD

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No
(check one)

Gov. Andrew Cuomo et al
MS Practor Staff Kirby
Head Kirby Psychiatric Hosp et al
CYRUS VANCE, JR. DA NY.C.N.Y. et al
William Bratton PC NY PD et al

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

DEC 15 2014

PRO SE OFFICE

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name **Angel Rodriguez**
ID # **349-14-13306**
Current Institution **KIRBY PSYCHIATRIC HOSP.**
Address **WARD ISLAND Complex**
N.Y., N.Y. 10035-6095

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name **MS Practor, Staff** Shield # **NA**
Where Currently Employed **KIRBY PSYCHIATRIC HOSP**
Address **WARD ISLAND Complex**
N.Y., N.Y. 10035-6095

Defendant No. 2 Name Gov. Andrew Cuomo Shield # N/A
 Where Currently Employed STATE CAPITAL ALBANY, NY
 Address GOV. MANSION ALBANY, N.Y.

Defendant No. 3 Name CY VANCE, JR DA Shield #
 Where Currently Employed MANHATTAN DA'S ETC
 Address 100 CENTRE ST
NY, NY. 10007

Defendant No. 4 Name BILL BRATTON PCAMPD Shield # 1
 Where Currently Employed 1 POLICE PLAZA
 Address N.Y.C., N.Y.

Defendant No. 5 Name DOES 1-99 Shield #
 Where Currently Employed NYPD, NYFD, 14 PCT NY
 Address BELLEUE HOSP, ELmhurst
WIRBY GE HOSP

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
SEE #5 SUPRA
- B. Where in the institution did the events giving rise to your claim(s) occur?
VARIOUS PLACES
- C. What date and approximate time did the events giving rise to your claim(s) occur?
Sept 23, 2014 to date 12/06/2014
SAT 11:05 PM

D. Facts:

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

I was falsely arrested + imprisoned 1st + 28th prison. IN CITY PARK while defending myself from an individual taller and heavier than myself who was assaulting me and threatening to battery me with his fists. HIS NAME WAS ALSO RODRIGUEZ (NO RELATION TO ME). VARIOUS WITNESSES

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

NIED + IIED, I was cut and bruised which hurt his wrists

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
 Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

**NY PD 14 PCT, TOMBS, Bellme
Kirby various DOENV facilities**

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?
Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?
Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? _____

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?
Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve? _____

2. What was the result, if any? _____

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. _____

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: _____

**Nothing comes of filing
grievances A waste of pen + paper**

2. If you did not file a grievance but informed any officials of your claim, state who you informed, _____

when and how, and their response, if any: _____

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. _____

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). _____

** 250,000 for false incarceration,
 50,000 for NED + IED, 15,000
 pain + suffering, lost property + clothes
 TB proved up at trial, defamation
 + punitive damages to deter future
 wrongful conduct TB proved up at
 trial*

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes _____ No ☒

On
these
claims

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
Yes _____ No ☒

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____
3. Docket or Index number _____
4. Name of Judge assigned to your case _____
5. Approximate date of filing lawsuit _____
6. Is the case still pending? Yes _____ No _____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 6th day of December, 2014 at

Signature of Plaintiff

Inmate Number

Institution Address

Angel Rodriguez Per
349-14-13306
Kirkpatrick HOSP.
Ward Island Camp by
N.Y. J.N.Y. 10035-6095

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 6th day of December, 2014 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Angel Rodriguez Per